

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	"Treated as a number, not treated as a person": a qualitative exploration of chronic pain patients' perceived barriers to effective pain management
<b>AUTHORS</b>	Hadi, Muhammad; Alldred, David; Briggs, Michelle; Marczewski, Kathryn; Closs, S.José

### VERSION 1 - REVIEW

<b>REVIEWER</b>	Tapio Ojala University of Jyväskylä, Finland
<b>REVIEW RETURNED</b>	03-Mar-2017

<b>GENERAL COMMENTS</b>	<p>Dear Authors !</p> <p>An interesting paper. Although in accordance with other studies which is unfortunate. I have often wondered why it is so hard to do small changes in health care to have more satisfactory patients and better outcomes. Is it bureaucracy or hierarchy or what ? The same problem seems to appear all over the world. Your paper is new evidence in the row of previous studies of the poor situation. Please find my comments below.</p> <p>Abstract</p> <ul style="list-style-type: none"><li>- why do you use "views and experiences" ? How do you differentiate them in your analysis ?</li><li>- "pain management" by who ? Generally speaking your critics is addressed to GPs. What about nurses, physios, pharmacists do they succeed better in your study ?</li><li>- "Future research,,," is unnecessary. There are already multiple studies ensuring that holistic approach is the only appropriate method for chronic pain. Is it cost effective is contradictory.</li></ul> <p>Introduction</p> <ul style="list-style-type: none"><li>- again, please clarify "patient experiences of UK's National Health Services (NHS) service provision in relation to pain management in primary care,,," by who. Is it a nurse, pharmacist, GP or who</li></ul> <p>Methods</p> <ul style="list-style-type: none"><li>- "semi-structured" example of questions is needed</li><li>- what was the relation of the interviewing author and the participants ?</li><li>- how did you define and measure baseline pain and pain intensity ?</li><li>- to limit recall bias,,," why not interview during the discharge ? What made you wait 2 weeks ? Possible reference ?</li><li>- what is the name of the method used ? "A thematic analysis" is quite vague and obscure. Description of the method would be fine to have.</li><li>- a figure of data analysis would be informative</li></ul>
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	<p>Results</p> <ul style="list-style-type: none"> <li>- this may be weakest part of your paper. You concentrate on quotes which I think are too many. I suggest you to re-structure or reform the results so that the first priority is the main text and quotes only support it. In this format results are fragmented and reader has to collect the bigger picture from details.</li> <li>- the figure of the themes is hierarchical. How did you conclude the hierarchy of the subthemes? According to this presentation the subthemes have nothing in common. May they overlap?</li> <li>- please name "health care professionals" in your study. The only you name are GPs. What are the others?</li> <li>- is only a lack communication between health care professionals but not between a professional and a participant?</li> </ul> <p>Discussion</p> <ul style="list-style-type: none"> <li>- over all your discussion seems to clarify and explain your results and used updated literature. It also covers different perspectives.</li> <li>- can you generalise "In general, patients expressed considerable dissatisfaction with the quality of care provided by the NHS" or are they only some professionals appearing in your study?</li> <li>- something is missing in the top of page 18</li> <li>- I am not sure if more hands make chronic pain management better as you state. To me the basic idea of your study in this issue is first to educate HCPs about chronic pain and second implement holistic approach instead of biomedical approach and improve communication between HCPs and patients which you also state,</li> <li>- cannot agree more with you that it is a question of political issue. What do the politicians want? Do they want to stone age remain with their possible own interests or do they want people to have better quality of life.</li> </ul> <p>I hope that my comments will help you further</p>
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<b>REVIEWER</b>	Roger Knaggs University of Nottingham, United Kingdom
<b>REVIEW RETURNED</b>	08-Mar-2017

<b>GENERAL COMMENTS</b>	<p>This manuscript is a qualitative secondary analysis of semi-structured interviews exploring patients' experiences of pain and its management in primary care in the UK.</p> <p>Comments and recommendations</p> <p>Given the open access nature of the journal it would be helpful to include the interview guide as a supplementary file or appendix.</p> <p>The aim of study in the introduction and discussion sections are contradictory. In the introduction it suggests it is about patient experience but in the beginning of the discussion it is about barrier to effective delivery of pain services.</p> <p>Acknowledgements</p> <p>It is unclear how Linda Simpson helped in data collection as the interviews were undertaken by the first author. Also, the branch of Boots Pharmacy should be specified.</p> <p>Abstract</p> <p>Keywords mention pharmacist and nurse but the study aims to</p>
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	<p>assess the not the patients perceptions of pain management in primary care and not the clinic they attended.</p> <p>Results It would be helpful in the results to indicate the proportion of patients giving each of responses using phrases such as 'most', 'many' or 'a few' patients.</p> <p>Some of the quotes used do not really support the narrative within in the results section. For instance, the quote praising some GPs suggests good care in the first sentence but the second sentence (He will say...) does not really support a duty of care.</p> <p>There a few grammar &amp; typographical errors that need reviewing (e.g. page 10 line 26 and page 18 line 10).</p>
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### VERSION 1 – AUTHOR RESPONSE

Reviewer: 1 Roger Knaggs, University of Nottingham, United Kingdom

Reviewer's comment: An interesting paper. Although in accordance with other studies which is unfortunate. I have often wondered why it is so hard to do small changes in health care to have more satisfactory patients and better outcomes. Is it bureaucracy or hierarchy or what? The same problem seems to appear all over the world. Your paper is new evidence in the row of previous studies of the poor situation. Please find my comments below.

Authors' reply: Thank you very much for your valuable feedback. We believe that the problem is due to the complex nature of patients' needs, funding limitations and healthcare services themselves. We have addressed all your concerns whilst revising the manuscript.

Abstract

Reviewer's comment: why do you use "views and experiences"? How do you differentiate them in your analysis?

Authors' reply: We did not differentiate them as we believe that views are reflections of experiences. We have now reworded the objectives to improve clarity.

Reviewer's comment: "pain management" by who? Generally speaking your criticism is addressed to GPs. What about nurses, physios, pharmacists do they succeed better in your study?

Authors' reply: As chronic pain is primarily managed within primary care, much of the criticism is around GPs. However, there are a couple of quotes about physiotherapists and rheumatologists as well. We have added a sentence to reflect this situation. Yes, pharmacist and nurse did well but the aim of the paper is to look at the barriers to pain management in primary care in general, that is why we have not included that in the results section. However, we have discussed that in the discussion section.

Reviewer's comment: "Future research,,," is unnecessary. There are already multiple studies ensuring that holistic approach is the only appropriate method for chronic pain. Is it cost effective is contradictory.

Authors' reply: We have reworded the sentence and included the word "cost-effectiveness" as well.

Introduction

Reviewer's comment: again, please clarify "patient experiences of UK's National Health Services (NHS) service provision in relation to pain management in primary care,," by who. Is it a nurse, pharmacist, GP or who

Authors' reply: Our topic guide was not designed specifically for a particular professional. We were, in general, interested in identifying barriers to effective pain management. As we note earlier, since chronic pain is primarily managed within primary care by the GPs, a number of barriers are related to GPs. We have now reworded the sentence to avoid any confusion.

Reviewer's comment:

#### Methods

Reviewer's comment: "semi-structured" example of questions is needed.

Authors' reply: We have included the topic guide as requested by the other reviewer.

Reviewer's comment: what was the relation of the interviewing author and the participants?

Authors' reply: The interviewing author was not involved in any direct care of patients. There was no pre-existing relationship between the interviewing author and study participants.

Reviewer's comment: how did you define and measure baseline pain and pain intensity?

Authors' reply: Numerical rating scale was used to measure baseline pain intensity. Data on pain intensity, physical functioning, and QoL was collected as part of larger mixed-methods study (Reference 13).

Reviewer's comment: to limit recall bias,,,why not interview during the discharge ? What made you wait 2 weeks ? Possible reference?

Authors' reply: The aim was to interview as soon as possible. The statement in the paper is "within 2 weeks". We did not wait until 2 weeks to interview patients but ensured all patients were interviewed within two weeks. We have reworded the sentence to make it clear.

Reviewer's comment: what is the name of the method used ? "A thematic analysis" is quite vague and obscure. Description of the method would be fine to have.

Authors' reply: Steps involved in data analysis are presented on pages 7 and 8.

Reviewer's comment: a figure of data analysis would be informative

Authors' reply: Whilst we have not provided a figure of data analysis, we have provided further description of the method and added a reference for thematic analysis.

#### Results

Reviewer's comment: this may be weakest part of you paper. You concentrate on quotes which I think are too many. I suggest you to re-structure or reform the results so that the first priority is the main text and quotes only support it. In this format results are fragmented and reader has to collect the bigger picture from details.

Authors' reply: We have restructured the results and have deleted some quotes. However, we wished to retain a number of quotes as we wanted to keep our findings "close to the data".

Reviewer's comment: the figure of the themes is hierarcial. How did you concluded the hierarchy of the subthemes ? According to this presentation the subtehmes have nothing in common. May they overlap?

Authors' reply: There is no hierarchy in the themes and we have added a sentence in the text to highlight this. Yes, there is nothing common in sub-themes apart from the fact they represent one of the barriers faced by chronic pain patients. They do not overlap either, as they are independent sub-themes.

Reviewer's comment: please name "health care professionals" in your study. The only you name are GPs. What are the others?

Authors' reply: As mentioned earlier, there is a quote about a physiotherapist and another about rheumatologists but primarily it is about GPs. The aim is not to make the findings specific to a particular healthcare professional but to see it from a health-systems perspective. It would be unfair on GPs to blame them for poor management without giving them adequate resources and training to manage chronic pain. Therefore, we have decided not to make it a "name and shame" paper and this is evident in the discussion section.

Reviewer's comment: is only a lack communication between health care professionals but not between a professional and a participant?

Authors' reply: We believe that lack of communication between professional and patient is evident in other themes, for example lack of interest and empathy. Lack of communication was one of the reasons for healthcare professionals' lack of interest and empathy.

#### Discussion

Reviewer's comment: over all you discussion seems to clarify and explain your results and used updated literature. It also covers different perspectives.

- can you generalise "In general, patients expressed considerable dissatisfaction with the quality of care provided by the NHS" or are they only some professionals appearing in your study?

Authors' reply: As mentioned earlier, that we have taken whole systems approach in drafting the results and discussion rather than focusing on individual health care professionals. With this view, we believe that the study results can be generalized.

Reviewer's comment: something is missing in the top of page 18.

Authors' reply: The paper has been carefully proof read to remove any typo error.

Reviewer's comment: I am not sure if more hands make chronic pain management better as you state. To me the basic idea of your study in this issue is first to educate HCPs about chronic pain and second implement holistic approach instead of biomedical approach and improve communication between HCPs and patients which you also state.

Authors' reply: We have discussed multiple approaches that can improve chronic pain management in discussion and implications for practice and policy sections.

Reviewer's comment: cannot agree more with you that it is a question of political issue. What do the politicians want? Do they want to stone age remain with their possible own interests or do they want people to have better quality of life. I hope that my comments will help you further.

Authors' reply: Thank you very much for useful feedback.

Reviewer 2: Tapio Ojala, University of Jyväskylä, Finland

Reviewer's comment: This manuscript is a qualitative secondary analysis of semi-structured interviews exploring patients' experiences of pain and its management in primary care in the UK.

Authors' reply: Thank you very much for providing useful feedback to improve the quality of manuscript. We have incorporated all suggested changes.

Reviewer's comment: Given the open access nature of the journal it would be helpful to include the interview guide as a supplementary file or appendix.

Authors' reply: We have included the topic guide as supplementary file.

Reviewer's comment: The aim of study in the introduction and discussion sections are contradictory. In the introduction it suggests it is about patient experience but in the beginning of the discussion it is about barrier to effective delivery of pain services.

Authors' reply: We believe that since barriers are experienced by patients, therefore they are a subcomponent of their overall experience. However, to avoid any confusion, we have reworded the introduction.

Reviewer's comment: Acknowledgements: It is unclear how Linda Simpson helped in data collection as the interviews were undertaken by the first author. Also, the branch of Boots Pharmacy should be specified.

Authors' reply: Since this is secondary analysis of a large mixed-methods study, Linda Simpson over all helped in that study. She was working at the pain clinic on secondment when this study was conducted, therefore the address of Boots Pharmacy has not been provided. Furthermore, Boots Pharmacy has no direct involvement in this study. Linda helped in patient recruitment, not data collection. We have clarified that in the acknowledgement section

Reviewer's comment: Keywords mention pharmacist and nurse but the study aims to assess the not the patients perceptions of pain management in primary care and not the clinic they attended.

Authors' reply: Keywords have been changed and updated. Nurse and Pharmacist have been removed.

Reviewer's comment: Results: It would be helpful in the results to indicate the proportion of patients giving each of responses using phrases such as 'most', 'many' or 'a few' patients.

Authors' reply: We have added proportions, where applicable. Hopefully, this will improve the clarity of our research findings.

Reviewer's comment: Some of the quotes used do not really support the narrative within in the results section. For instance, the quote praising some GPs suggests good care in the first sentence but the second sentence (He will say...) does not really support a duty of care.

Authors' reply: We have carefully reviewed all the quotes and a revisions have been made in order to ensure that the quotes support research findings.

Reviewer's comment: There a few grammar & typographical errors that need reviewing (e.g. page 10 line 26 and page 18 line 10).

Authors' reply: The paper has now been proof-read by two senior academics and all grammatical errors have been corrected.

#### VERSION 2 – REVIEW

<b>REVIEWER</b>	Tapio Ojala University of Jyväskylä, Finland
<b>REVIEW RETURNED</b>	09-Apr-2017

<b>GENERAL COMMENTS</b>	Dear Authors ! Thank you for revising your paper. You have succeeded quite well. Now it is easier to read and more analytic. Particularly the results section. Still I encourage you to remove some quotes because the the basic idea in your paper becomes evident in the title of your paper and in the themes. There is still something I'd like you to consider: - Figure 1 is missing - a figure example of how codes became a theme clarifies your analysis - something is missing in the top of page 19
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<b>REVIEWER</b>	Roger Knaggs University of Nottingham UK
<b>REVIEW RETURNED</b>	28-Apr-2017

<b>GENERAL COMMENTS</b>	The manuscript is much improved.  I habve noted a few minor issues that will require correction prior to publication  Author affiliations There are two '3's  Methods Data are pleural, so should be these data (line 4, data analysis section)  Results Page 10 Line 32 Word 'painkiller' used - either analgesic or pain relieving medicine probably better choice
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#### VERSION 2 – AUTHOR RESPONSE

Reviewer's comments

Reviewer: 1 Tapio Ojala, University of Jyväskylä, Finland

Reviewer's comment Dear Authors! Thank you for revising your paper. You have succeeded quite well. Now it is easier to read and more analytic. Particularly the results section. Still I encourage you to remove some quotes because the basic idea in your paper becomes evident in the title of your paper and in the themes.

Authors' reply: Thank you very much for providing feedback to improve our paper. We appreciate your

concern regarding the number of quotes. We deleted some quotes while revising the article earlier. We believe that now the number of routes is just right to support our findings.

Reviewer's comment Figure 1 is missing

Authors' reply: Figure 1 was uploaded separately as per journal's instructions. We have uploaded the figure again.

Reviewer's comment a figure example of how codes became a theme clarifies your analysis.

Authors' reply: We have now added one figure to illustrate how codes became themes.

Reviewer's comment something is missing in the top of page 19.

Authors' reply: The sentence has been corrected.

Reviewer: 2

Roger Knaggs University of Nottingham, UK

Reviewer's comment The manuscript is much improved. I have noted a few minor issues that will require correction prior to publication

Authors' reply: Thank you very much for your feedback. We have considered your comments and revised the paper accordingly

Reviewer's comment Author affiliations: There are two '3's

Authors' reply: This has been corrected and one 3 has been removed.

Reviewer's comment Methods: Data are plural, so should be these data (line 4, data analysis section)

Authors' reply: This has been corrected.

Reviewer's comment Results Page 10 Line 32 Word 'painkiller' used – either analgesic or pain relieving medicine probably better choice.

Authors' reply: The word pain killer has been replaced with analgesics.